

FORSYTH COUNTY EMS Pediatric and OB Protocols

Pediatric Respiratory Distress

History:

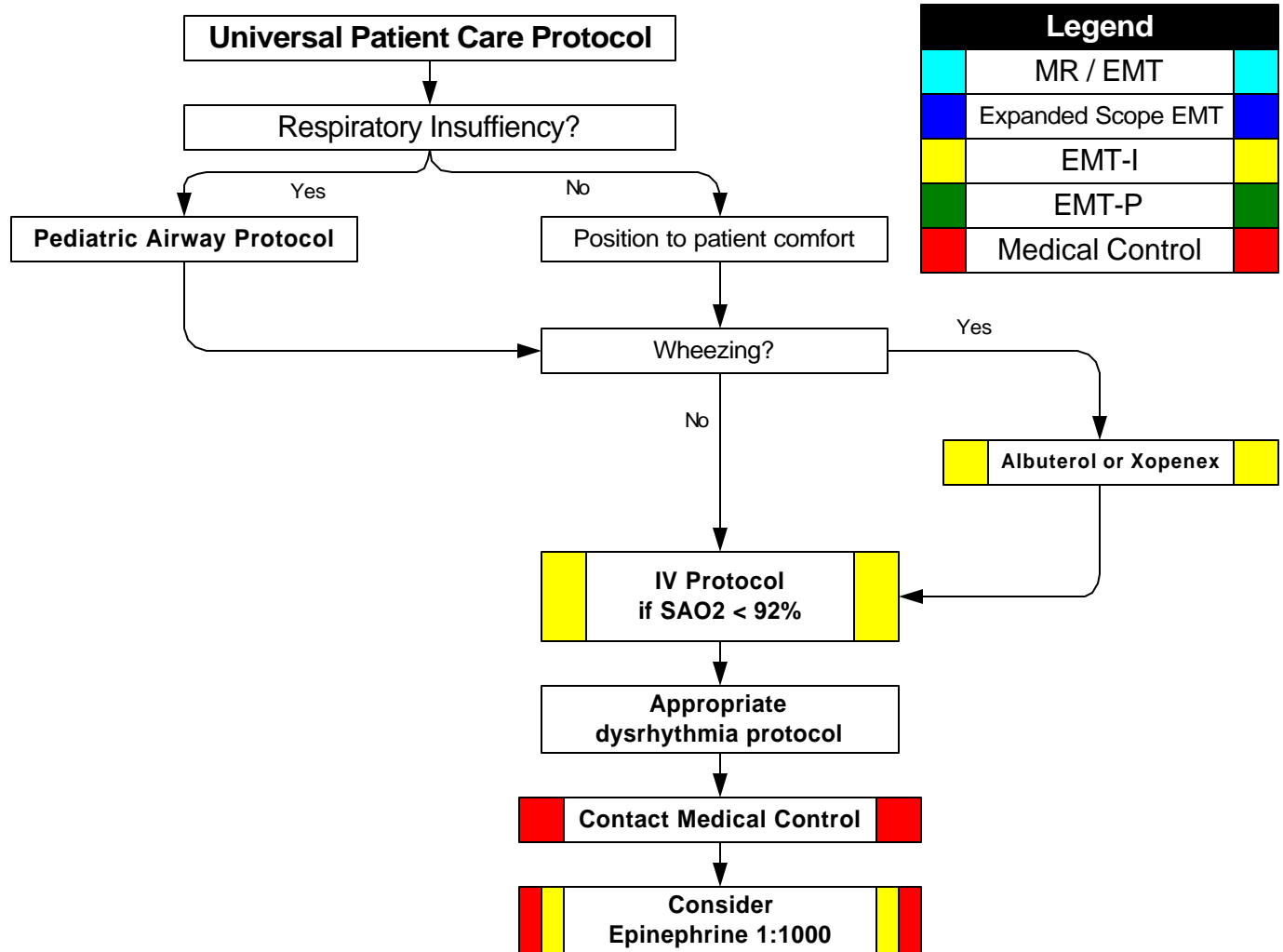
- * Time of onset
- * Possibility of foreign body
- * Medical history
- * Medications
- * Fever or respiratory infection
- * Other sick siblings
- * History of trauma

Signs and Symptoms:

- * Wheezing or stridor
- * Respiratory retractions
- * Increased heart rate
- * Altered level of consciousness
- * Anxious appearance

Differential:

- * **Asthma**
- * **Aspiration**
- * **Foreign body**
- * **Infection**
 - Pneumonia**
 - Croup**
 - Epiglottitis**
- * **Congenital heart disease**
- * **Medication or Toxin**
- * **Trauma**



Pearls:

- * Exam: Mental Status, HEENT, Skin, Neck, Heart, Lungs, Abdomen, Extremities, Neuro
- * Pulse oximetry should be monitored continuously if initial saturation is = or <96%, or there is a decline in patient status despite normal pulse oximetry readings.
- * Do not force a child into a position. They will protect their airway by their body position.
- * The most important component of respiratory distress is airway control.
- * Croup typically affects children <2 years of age. It is viral, possible fever, gradual onset, no drooling is noted.
- * Epiglottitis typically affects children >2 years of age. It is bacterial, with fever, rapid onset, possible stridor, patient wants to sit up to keep airway open, drooling is common. Airway manipulation may worsen the condition.

Approved by: _____

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